## TOWN OF NORTH ANDOVER Office of COMMUNITY DEVELOPMENT AND SERVICES HEALTH DEPARTMENT

NORTH ANDOVER, MASSACHUSETTS 01845

1600 OSGOOD STREET; SUITE 2035



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Note: \$50 for each inspection report submission

## Application for Septic System

**FEES: \$35 for Each Inspector License annually** 

Make Check Payable to: Town of North Andover

LATE FEE – FEES DOUBLE AFTER JANUARY 1ST

## **Inspector**

I certify that the information I have provided is true and accurate. I agree to comply with M.G. L. Chapter 111, Sections 31, and any rules, regulations or policy of the Town of North Andover. The undersigned hereby makes application to the Board of Health for permission to conduct Title 5 inspections in the Town of North Andover.

Name of Applicant:	
Business Name:	
Business Address:	
Mailing Address (if different):	
Email Address:	
Business Phone #:	Business Fax #:
Name of Owner/Corporation Name:	
	tification, and your D.E.P. Title 5 Inspector certification. *** or the pains and penalties of perjury, that I, to the best of my knowledge all state taxes required under law.
Excerpt from the North Andover Septic Re	-
1. INSPECTIONS OF EXISTING (INSPECTIONS")	ONSITE WASTEWATER SYSTEMS ("TITLE 5
	Γitle 5 inspection, cesspools and privies are deemed failed onsite wastewater system.
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7.4.1 Title 5 system inspectors certified b	by Massachusetts Department of Environmental Protection wn of North Andover. Inspections performed by inspectors
7.4.2 Application for licensing shall inclu Protection (DEP)'s Title 5 System Inspect	ade a copy of Massachusetts Department of Environmental for certification.
Social Security Number or Federal Identification Number	Signature of Company or Corporate Officer